

Copy of Revocation of Power of Attorney
or Authorization of Agent
Filed October 14, 1999

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PTO/SB/82 (11-96)

Approved for use through 6/30/99. OMB 0651-0035

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/060,188
Filing Date	4/14/98
First Named Inventor	Behan, Dominic P. et al.
Group Art Unit	1646
Examiner Name	Basi, N.
Attorney Docket Number	

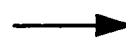
I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer
Number Bar Code
Label here

OR

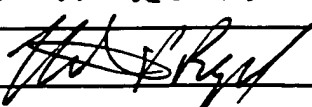
<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City					
Country		State		ZIP	
Telephone		Fax			

I am the:


☐ Applicant.

☒ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Aron Pharmaceuticals Inc. By Richard P. Burgin Jr. (Asst. Sec.)
Signature	
Date	10.14.98

† Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (11-96)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT,
NOT ACCOMPANYING
APPLICATION**

Application Number	09/060,188
Filing Date	4/14/98
First Named Inventor	Behan, Dominic P. et al.
Group Art Unit	1646
Examiner Name	Basi, N.
Attorney Docket Number	

I hereby appoint:

☐ Practitioners at Customer Number 

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Richard P. Burgoon, Jr.	34,787

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

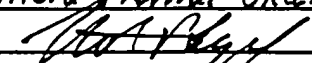
<input checked="" type="checkbox"/> Firm or Individual Name	Arena Pharmaceuticals, Inc.		
Address	6166 Nancy Ridge Drive		
Address			
City	San Diego	State	CA
Country	U.S.A.		
Telephone	(858) 453-7200 ext. 229	Fax	(858) 453-7210

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Arena Pharmaceuticals Inc. By Richard P. Burgoon Jr. (Assign. Sec.)
Signature	
Date	10.14.99

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